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## EDITORIAL COMMENT



### REPORT OF THE COMMITTEE ON TRAINING SCHOOLS OF THE AMERICAN HOSPITAL ASSOCIATION

WE did not hear the discussion on the report of the committee on nursing at the meeting of the American Hospital Association in Washington last month, but from conversation with several nurse superintendents who were there we gather that the report, taken as a whole, was very kindly received and unanimously endorsed. There was no really adverse criticism of any part of it, and the recommendation for the training of a cheaper grade of nurses for the great middle class was referred to a committee which will continue the work commenced this year and report at the next meeting.

We understand that this report is printed for very free distribution among those interested in it, and any of our readers who have not received a copy may obtain one by writing to the secretary, Dr. W. L. Babcock, Grace Hospital, Detroit, Mich. For this reason we are not printing the report in full, but give the recommendations in part and omit the syllabus.

#### CLASSIFICATION OF HOSPITALS

- (1) Isolated small hospitals.
- (2) Small hospitals, near to, or in affiliation with large general hospitals.
- (3) Special hospitals, including eye and ear, skin and cancer, children's and infants', lying-in, tuberculosis, orthopaedic hospitals, etc.; sanatoria for nervous and mental diseases, hospitals for contagious diseases; hospitals for the insane, and hospitals for incurables.
- (4) Large general hospitals.

It is the sense of the committee that hospitals of less than twenty-five beds, which cannot affiliate or maintain some association with larger institutions, on account of their isolation or financial condition, should not attempt to maintain training schools for the training of nurses.

The following general recommendations, to cover all classes of hospitals, were adopted by the committee:

- (1) That a probationary term of not less than three months be maintained.
- (2) That probationers be admitted in classes, at regular intervals, preferably twice yearly.
- (3) That a preliminary course of study, of not less than three months' duration, be given to each class, such course to include practical demonstrations of general nursing methods.
- (4) That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.
- (5) That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. Emergency work out of hours, or overtime work, should be repaid pupils as soon as possible. All time lost by illness of pupils should be made up at the end of the course.
- (6) That all hospitals which cannot give one of the courses hereinafter outlined, in its entirety, should seek affiliation with other hospitals in the subjects not covered by the class of patients under treatment.
- (7) That paid medical instructors should be employed by all hospitals that can afford to employ them. The committee has ascertained that a few hundred dollars per year will furnish competent paid instructors for the work. Where paid instructors cannot be maintained, arrangements should be made to have the lectures and strictly medical teaching of the school presented by two or three medical men, rather than by a larger number of physicians.
- (8) That a vacation of at least two weeks per year, for the two years three months' course, and three weeks per year for the three years' course be allowed all pupils during the summer months.
- (9) That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as superintendent of nurses.
- (10) That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the two years three months' minimum course, or arrange affiliations with other hospitals that will provide full equivalents.
- (11) That training schools should not be maintained in small hospitals, without at least two paid resident instructors being provided for the teaching of nurses, one of whom must necessarily be superintendent of the hospital and principal of the training school. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number should be considered the absolute minimum, irrespective of the size of the school.
- (12) That many large general hospitals can advantageously establish a course of six or nine months in hospital economics, administration and institutional nursing. This recommendation is made in response to the great demand for nurses trained in hospital or institutional work, to fill positions in training schools or other hospital departments.

QUALIFICATIONS FOR ADMISSION AS A PROBATIONER TO THE  
PRELIMINARY COURSE

- (1) Age, 21 to 35 years.
- (2) Height and weight, average.
- (3) Physical health, sight and hearing should be normal.
- (4) Physical examination should be given candidates before final acceptance to the school, by a physician appointed by the training-school committee or hospital.
- (5) Proof of recent vaccination, or vaccination at time of entering the school.
- (6) Presentation of certificate, giving evidence of one year in a high school or its *equivalent*. *Equivalent* may be defined as:
  - (a) Additional educational qualifications.
  - (b) Evidence of further mental training, such as courses in business college, stenography, art, music, etc.
  - (c) Exceptional personal fitness, combined with desirable home training.

It is not expected that any one or all of the above suggested qualifications be accepted in lieu of a common school education. It is suggested that occasional candidates may have qualifications or attributes which might be considered equivalent to the first year of high school duty.

An application blank, covering the above necessary qualifications and several other questions that will occur to the principal, should be devised. It is recommended that a form similar to Appendix A be used for a physician's statement. It may be incorporated as a part of the application blank. Even though the physician's statement be satisfactory, a physical examination should be made by a physician appointed by the training-school committee or the hospital at the time of admission to the preliminary course.

ISOLATED SMALL HOSPITALS

The committee recognizes that the training-school problem in the isolated small hospital, of from twenty-five to seventy-five beds, is a problem apart from the training-school situation in larger institutions. Numerically, this is the largest division of hospitals in the classification. Hospitals of this size are scattered throughout the entire country. They are most common in the middle west, south and far west, and are less stable in organization than older and larger institutions. They may be municipal, county, private or semi-private in their management, or, as is frequently the case, organized by village or corporate associations. The professional work and medical departments of these hospitals are usually more or less circumscribed in variety and limited to general medicine, general surgery, and gynecology. A moderate number of these hospitals have small obstetrical departments, and a still smaller number have a children's department. Few of the smaller institutions have a contagious department. Many of these hospitals have demonstrated the possibility of maintaining training schools that compare favorably with schools in larger institutions. Properly managed training schools in these institutions are recognized as capable of turning out graduates well qualified for general medical and surgical nursing in private families. Many factors entering into the situation of these schools lead the committee to recommend

a two years three months' course, of which three months shall constitute a definite preliminary course of study.

The term of school training should be not less than thirty-eight weeks per year for the two years three months' minimum course hereinafter outlined.

#### PRELIMINARY COURSES

The preliminary schedule as outlined can be used for the two years three months' course in the smaller hospital, or the complete three years' course in the large general hospital. The teaching of these subjects in the preliminary course must of necessity be more or less elementary. It is recommended that the study of the subjects outlined be attempted in a systematic manner. It is not expected that they will be completed during the three months of preliminary training. This course should be amplified and continued throughout the junior year, in association with subjects hereinafter outlined for the first year. This course has been constructed with the hope that it will provide the groundwork of the subsequent practical career of the pupil nurse in the school and in the hospital.

It is recommended that, as the facilities and needs of different hospitals vary, several of the above subjects be amplified and others added to suit local requirements. Not less than forty-two hours during the second year should be devoted to the practical teaching of the above subjects. It is recommended that continued and special attention be given, throughout the second year, to dietetics, hygiene and the management of special diseases. It will occasionally occur that patients suffering from some special disease, epidemic, or infection may be brought into the hospital. If possible, they should be made the occasion of special clinics and demonstrations.

The above outline of the two years three months' course should constitute the minimum teaching course in the isolated small hospital. Hospitals that cannot give this schedule in its entirety should arrange affiliations with larger hospitals.

The curriculum in its general outline is similar to that issued by the Education Department of New York State. In some particulars standards are not quite so high, but it must be remembered that this is a recommendation to the training schools of the whole country and not exclusively to those of the few advanced states. We infer that the facilities and limitations of the smaller hospitals of the great middle west and south have had much influence with the committee, and we are sure the results will be most helpful to institutions of that class everywhere. We do not anticipate that state boards or schools that have already attained higher standards are going to lower them; the trend of education is always upward.

It had been hoped that higher admission qualifications might be deemed advisable by the committee, but, out of consideration for the schools that find it difficult to secure enough pupils, it was thought

best not to recommend more than the one year in the high school or its equivalent, and the term equivalent is defined, which is a step in advance. Among the points reported as brought out in the discussion were that hospitals should no longer be considered only as places for the care of the sick, but that they must be looked on also as great educational centres for the dissemination of knowledge of prophylaxis and right methods of living, and for the training of nurses and physicians who should be equipped there to meet the growing demands for teachers along these lines; that the educational obligations of the large general hospitals are greater because of their broader facilities, and that, consequently, it is just that their term of service for nurse training should be longer than in the smaller schools. The practice of maintaining training schools in small private hospitals for commercial purposes was condemned. The statement was made by one proprietor of a private hospital that he had proved by actual experience that such hospitals could employ graduates at forty to forty-five dollars a month and still yield a reasonable revenue.

The action of the American Hospital Association confirms again the assertion which we have repeatedly made in these pages, that in all the efforts that nurses have made for the betterment of nursing standards or conditions they have always had and will continue to have the support of physicians of the highest grade and the citizens of the greatest intelligence in every community.

#### FOR THE WINTER PROGRAM

As a result of the meetings of the summer, there are certain subjects and lines of work which seem specially appropriate for the consideration of the local associations during the coming winter. Our organizations are now getting into the full swing of the winter activities and we give briefly a summing up of such subjects as seem in our judgment of most vital importance.

#### THE RED CROSS

At the Minneapolis meeting, as has already been stated, one of the most important and interesting reports was submitted by Mrs. Robb, as chairman of the Committee on Red Cross Work, representing both the Superintendents' Society and the Associated Alumnae, in which she went minutely into the detail of meetings held and plans submitted to the National Red Cross officers in Washington.

The Red Cross did not accept as a whole the plan submitted by Mrs. Robb and her committee, but sent to the Associated Alumnae a plan

which was based upon the suggestions made by the committee, which reads as follows:

"The War Relief Board, at a meeting held May 7, 1909, took under consideration the placing of the Red Cross Nursing Department under a special subcommittee. To provide for the committee the following resolution was passed:

*"Resolved,* That the subcommittee on Red Cross Nursing Service shall consist of a chairman and fourteen other members; five to constitute a quorum; the chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board; six members to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board.

"The present plan for such a committee is to have the chairman and two other members of the Board selected from the trained nurse members of the Board. Of the three members of the Board, one should be a surgeon of the army, one a surgeon of the navy, and the third some other member of the Board. The three persons selected from outside the Board and the list of nurses should be persons specially fitted for membership on this Board.

"This will give a membership of nine trained nurses on the committee of fifteen."

This resolution from the Red Cross War Relief Board was unanimously adopted by the Associated Alumnae after a very thorough discussion of the whole Red Cross situation, and the committee was re-elected with instructions to work out the detail of such affiliation with the War Relief Board. The action of the Associated Alumnae brings the nurses of this country into distinct official relationship with the War Relief Board, and gives to them a very influential place in the administration of the strictly nursing side of the work of the National Red Cross. It is an opportunity which has never been ours and one which must receive the most intelligent co-operation from all the affiliated societies in order to prove our worthiness of the confidence which has been shown us.

We would therefore suggest that early in the year every affiliated association should have a Red Cross program. The history of the Red Cross, from its inception down to the present time, can be studied and the conditions for enrollment in the Red Cross can be made familiar to all the members. This will put the nursing profession in a position to act intelligently and without loss of time when the plans of the committee are perfected and reported.

There are persons connected with every Red Cross state society

specially qualified to speak on this subject who could be secured by writing to the secretaries of the state branches, or literature covering the whole ground, from which interesting papers can be prepared, can be secured from the national secretary in Washington, Charles L. Magee, and an able member could work up a synopsis which would make a groundwork for discussion.

All over the civilized world nations are concerning themselves with methods for prevention of disease and alleviation of suffering. Governments recognize the Red Cross as the legitimate means through which aid may be secured in time of national calamity of any kind. Race, creed, and color lines are obliterated in this work, in which nursing care in time of pestilence, war, and disaster is one of the most important features. The obligation of nurses to do their part and to take their proper place in this great work is part of the professional duty which comes as a result of education and nursing progress.

#### MORAL PROPHYLAXIS

The Public Health Committee of the Associated Alumnae, of which Mrs. Colvin, of St. Paul, is chairman, was enlarged at the last convention and includes as members Miss Ahrens, Mrs. Hartridge, Mrs. Lockwood, Mrs. Pottenger, Miss Dock, and Dr. Hedger. The program for work agreed upon, found upon page 990 of the September JOURNAL, is as follows:

1. Report on progress of legislation and enforcement of existing laws, prevention of prostitution, and limiting the spread of venereal disease.
2. Examine and recommend literature for nurses: (a) Professional as to extent and dangers of venereal disease; (b) methods of instructing mothers and children.
3. To recommend for training schools courses in prevention of venereal diseases.
4. To further in state societies and alumnae associations the formation of similar committees.

We suggest that in working along these lines nurses take up the needs most in evidence in their own locality, working with other associations when possible.

We emphasize the need of better teaching of nurses in training on these subjects, and suggest that alumnae associations should make the request of Boards of Managers that instruction be given along these lines if they find on investigation that it is not being done, and that lecturers be secured for their own meetings competent to present the advanced thought on the subject.

The session on Morality in Relation to Health of the International Congress of Nursing, reported in the *British Journal of Nursing* for August 28, contains the most complete reports and soul-stirring information of social evils that we have seen of late, and would make the basis of a splendid series of meetings for our nursing organizations to follow.

The tendency seems to be to place the teaching of mothers and children in the hands of women physicians and nurses, and we think we are somewhat in danger of having opportunities in advance of our ability to meet them, as at the present time most nurses are not sufficiently interested or instructed in these things for their own good, much less to teach others.

One of our readers, who was unable to attend the Minneapolis meetings, but who was greatly interested in the reports of them, has written us her experience in the teaching of children, from which we quote.

"Each child must be approached in an individual way just as it develops naturally. Its first question should be answered truthfully, so that nothing will be left as a mystery; the curiosity satisfied but, absolutely, no more information given than is needed to satisfy it. The question thus gradually works itself out naturally, unconsciously to the child, without undue attention being attracted to the subject; and one never has to go back on one's previous word.

"For instance, I know one small boy who, at three, asked where the expected and promised baby was to come from. The mother told him: 'The little German children play that the stork brings them. Of course he don't, but we will play that way!' The child was perfectly satisfied, and talked contentedly about it, explaining that it was a game. At five he asked more questions, and each one was answered truthfully, but with just enough truth to satisfy; and by ten he had the information he wanted in such form that he cannot tell how or when he received it; and is always ready to bring a new problem, since he will be answered satisfactorily.

"I have a family in mind, in which the boy of fifteen had been instructed by his father, and a more natural, manly, and clean-minded child I never knew. The girl of seven was not 'old enough'—and was morbidly curious. She came to me to know 'just where babies came from.' I said: 'I wish I could tell you all about it; if you were my little girl I would—but mother does not think you are old enough; when you are older she will tell you.' She was not satisfied, and listened morbidly for every word dropped in her hearing."

This writer also lays stress on the importance of a clean moral atmos-



phere for nurses and doctors in their hospital work, and cites instances of the change from an impure attitude of mind to one that was upright under the influence of different superintendents.

#### CARE OF THE MIDDLE CLASS

We want to urge every organization of nurses to include this subject in its winter's program, to thrash the subject out thoroughly, to look at it from every standpoint which has been presented, and come to a definite conclusion as to whether nurses are in any degree responsible for this work or whether they are willing to leave this question to other groups of people to settle, simply being used as tools, as their services are demanded. It is of all nursing problems the most vital, and the time is now for nurses to put themselves on record as recognizing it as a professional obligation to render service to every kind of human being requiring nursing care. When the Associated Alumnae meets next year, every affiliated society should be able to instruct its delegates definitely in regard to this question.

What will be the result if a less well-educated and shorter term class of nurses is put into the field, who cannot be prevented from charging regular nurses' rates wherever opportunity offers? Will not such a plan react upon hospitals as well as upon graduates? Have we not as a profession an obligation to care for all classes of people needing nursing care?

#### FURTHER STUDY OF TUBERCULOSIS PROBLEMS

It would seem, after all that has been said and written on the tuberculosis question, that the intelligent members of society would be informed of the fact that tuberculosis is contagious, that it is disseminated through carelessness in disposal of the sputum and the infection of buildings, and yet within a few days, in conversing with an influential school teacher, great surprise was expressed when we referred to the danger of moving into a house which had been occupied by a tuberculosis patient unless it had been disinfected.

This crusade is only in its infancy and no season should pass without this subject being given special study at at least one society meeting. It would be well to have a summing up from season to season of the different lines of development, scientific discoveries, methods of procedure, etc.

#### JOURNAL PURCHASE

One delegate's report of the Associated Alumnae meeting which we have seen shows a misconception of the purpose of the *JOURNAL*

Purchase Fund which may be shared by others. The purpose of the Associated Alumnae in taking over the JOURNAL stock is not to get "the controlling vote." The Associated Alumnae practically possesses the controlling vote now, having over thirty shares out of the one hundred, and many shares being unrepresented by votes at the stockholders' meeting each year, but this is not its aim. It wishes now to assume the business and legal obligations which have been carried for it for nine years by the small group of stockholders, and to bear its own burdens, not to dictate the policy of the JOURNAL while allowing others to do its work.

The establishment of the JOURNAL was the first serious undertaking of the Associated Alumnae, and its promise to pay back the money which was practically lent to it by the stockholders is unfulfilled until this is done.

Miss Davids' report each month will show how encouragingly the funds are coming in and it will rest with each association this year to raise its share of the Purchase Fund, and also to help increase the subscriptions to the magazine from its own membership. If each member of each society belonging to the Associated Alumnae would subscribe to the JOURNAL, there would be no need of appealing for special funds to carry it on in the future.

#### INSURANCE FOR NURSES

In order to substantiate the correctness of the statement of "the obviously growing urgency of nurses as a class making some definite provision for the future," the chairman of the Committee on Insurance, reappointed by the Associated Alumnae at its Minneapolis meeting, asks the affiliated societies kindly to bring the subject up for discussion in one of their meetings during the winter, and report to the committee in substance their deliberations.

The points that will be of assistance are, the majority in favor of: (1) commercial insurance; (2) fraternal insurance; (3) annuity, life, or (4) annuity and life insurance or any other point that seems important.

Reports should be sent to Miss M. E. P. Davis, care the editorial office of the JOURNAL.

#### CONFERENCE ON INFANT MORTALITY.

THE advance program of this conference, which, as announced last month, will be held in New Haven November 11 and 12, is in our hands and promises to be of value. Well-known speakers are expected, such

as Dr. J. P. Crozier Griffith, Dr. Richard C. Cabot, Dr. Woods Hutchinson, Dr. Henry I. Bowditch, Dr. Charles P. Putnam, Dr. Caroline Hedger, and Miss Wald. As an example of the program, one session, that on philanthropic prevention, will be presided over by Edward T. Devine, who gives the address at its opening, and is followed by: "The Relation of Race to Infant Mortality," Dr. Richard C. Cabot; "The Economic Losses Entailed by Infant Mortality," Prof. James W. Glover; "A Program for the Reduction of Infant Mortality in New York City," Mr. Robert W. Bruere; "Educational Responsibilities of a Milk Depot," Dr. Ira S. Wile; "The Responsibility of General Relief Agencies," Mr. Sherman C. Kingsley; "The Effect of Philanthropic Experiments in Increasing and Reducing Infant Mortality," Dr. Woods Hutchinson.

There will be four public sessions and a dinner.

#### THE DOCTOR AND THE PEOPLE

At the meeting of the Pennsylvania State Medical Society, the president, Dr. George W. Wagoner, in his address commented on the lack of harmony between the public and the medical profession. He ascribed the misunderstanding and antagonism which exist to three causes: ignorance on the part of the people of the real motives of the disinterested physician; superstition, which corrupts the mental processes of multitudes of people; and incompetence on the part of many physicians. He made a plea for a greater spirit of helpfulness to the patient, greater regard for his comfort. An address given by Rev. Floyd W. Tomkins, D.D., on "Sanitary Science and the Social Evil," at the same meeting, began with the statement that this evil is growing so tremendous that a man fulfils his duty neither to God nor to man if he fails to do his part in fighting it. He made a plea for better education of young people in regard to the structure of their own bodies and the possibilities of disease, and urged the doctors to use their influence in furthering such education, in giving public addresses so that people would become enlightened, and in prohibiting the marriage of diseased persons.

#### THE TEACHING OF DIETETICS

WE feel sure that the whole nursing fraternity will endorse Miss Pope's defence of the diet teacher. There are a number of sides to this question. In the majority of cases, the superintendent is powerless to improve conditions. In some few instances she might do more for her pupils along these lines if she were sufficiently interested to present the subject to her board as forcibly as is needed.

One difficulty which boards of examiners have had to contend with from the first is in not knowing the conditions existing in the hospitals. This has made it exceedingly difficult to adjust the questions to the capacity of the students, and shows how necessary it is that at least a majority of the examiners should be from the teaching ranks, that the examinations may be just to the students in the schools.

Unquestionably the teaching of dietetics is receiving much more attention than it was before the subject was required by the state boards. We begin to see the way for a more practical adjustment of teaching in our training schools, less of minute anatomy, more of practical physiology, of hygiene, prophylaxis, dietetics, and kindred subjects. We have to remember that in the first decade of our schools there has been no general standard. Each school has been a law unto itself and has given such training as the institution afforded or the superintendent's ability permitted. If state registration should accomplish nothing more, it has at least brought about a readjustment in the methods of teaching and training, which has already reacted for the better service to the sick and insane in hospitals and homes.

#### NURSING IN THE PHILIPPINES

THE article on nursing in the Philippines is one which was written for the International Congress, a duplicate being sent to us for publication also. With this article were twenty-three illustrations which were part of the nursing exhibit at the Congress, all most beautiful and interesting. We reproduce four, and are sorry we cannot give space to all.

The progress made in the Philippine nursing service, the number of hospitals, and the opportunities for varied work will no doubt surprise many of our readers who had only a vague idea that there were several army hospitals and perhaps one or two mission hospitals. It is interesting to note that the establishment of the training school which Miss McCalmont describes has been on the highest plane which we have reached here, instead of beginning, as is often the case in new ventures, on the crude lines of forty years ago.

There is need for nurses to forward the work there. We are assured that the climate and conditions of living are quite endurable, and we hope Miss McCalmont's appeal will result in an overflow of nurses from this land to that, not of those who can find nothing to do here, but of our very best.

## PRESERVATION OF THE GRADUATING ADDRESS

WE have a great many requests from training schools to publish the addresses given before their graduating classes. These addresses are, as a general thing, interesting to this one group of people and we are quite in sympathy with their desire to see them in print; but if we were to give space to all such papers as are sent to us we would not have room for anything else, and our JOURNAL would become a medical journal of nursing instead of a nursing journal of nursing.

We have had several such addresses sent us recently that have been published by the training school in the form of a small pamphlet, with a pretty cover having the name of the speaker, the date of graduation, etc. Where the names of the graduates are added, it makes a most attractive souvenir for the pupils to possess or to send to their friends, and we make the suggestion to all training schools that wish to make a record of the graduation to adopt this plan.

## PINS FOR REGISTERED NURSES

WE have received a letter from one of our western readers which tells of a scheme which is being started, said to emanate from two San Francisco lawyers, for the sale of a pin for registered nurses, it being stated by the agents acting for them that the profits are to be sent to the national association of nurses.

We know of no association, national or otherwise, authorizing such a pin and would warn our readers to beware of being drawn into a scheme of this kind. We are also informed that this scheme has been concocted since the convention at Minneapolis.

## OPEN-AIR SCHOOLS

It is interesting to note the growth in numbers of the open-air schools for tubercular children. New York has been maintaining one in connection with the ferry boat camp and has now increased the number. Boston has had one for a year and a half. Chicago started one last summer which has been so encouraging in its results that it is hoped to continue it through the winter. Rochester has recently opened one in connection with the day camp which opens with twenty pupils, and in these last two cities, at least, the teacher is supplied by the Board of Education.

## NEW BOOKS

LAVINIA L. DOCK, R.N., is preparing a manual for nurses on venereal diseases, which will give them the main facts of these diseases, not only

from the medical aspect, but from the moral, social, and legal, as well, and the history of legislation on the subject.

YNABELLA WATERS' book, "Visiting Nursing in the United States," which has been in course of preparation for a year or two, will be ready early in November. It will be published by the Charities Publication Committee, 105 East Twenty-second Street, New York. Some trouble has been caused would-be purchasers of the book because the address of the publishers was incorrectly announced at the Associated Alumnae meeting and in the Proceedings.

#### A CORRECTION

THE address of the International office was wrongly printed in the report of the congress meetings in the last *JOURNAL*. The correct address is 431 Oxford Street. The reports of the official day may be procured from Miss Dock, 265 Henry Street, for twenty-five cents.